



GEORGIA MEDICAID FEE-FOR-SERVICE ANTIPARKINSON AGENTS PA SUMMARY

Preferred	Non-Preferred
Amantadine IR capsules generic Benzotropine generic Bromocriptine generic Carbidopa generic Carbidopa/levodopa generic Carbidopa/levodopa ER/SR generic Carbidopa/levodopa/entacapone generic Entacapone generic Pramipexole IR generic Ropinirole IR generic Selegiline capsules and tablets generic Trihexyphenidyl generic	Apokyn (apomorphine injection) Azilect (rasagiline) - <i>PA not required</i> Carbidopa/levodopa ODT generic Gocovri (amantadine ER) Inbrija (levodopa inhalation powder) Kynmobi (apomorphine sublingual film) Mirapex ER (pramipexole ER) Neupro (rotigotine transdermal system) Nourianz (istradefylline) Pramipexole ER generic Requip XL (ropinirole ER) Ropinirole ER generic Rytary (carbidopa-levodopa ER) Tolcapone generic Xadago (safinamide) Zelapar (selegiline ODT)

IR=immediate-release; ER=extended-release; ODT=orally disintegrating tablet

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- If ropinirole ER generic is approved, the PA will be issued for brand Requip XL.
- If pramipexole ER generic is approved, the PA will be issued for brand Mirapex ER.

PA CRITERIA:

Apokyn and Kynmobi

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease (PD) who are currently taking levodopa/carbidopa-based therapy and are experiencing OFF episodes despite prescriber attempts to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms

AND

- ❖ Member must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least one medication from two of the following classes: dopamine agonists (pramipexole, ropinirole), catechol-o-methyl transferase (COMT) inhibitors (entacapone, tolcapone) and monoamine oxidase B (MAO-B) inhibitors (rasagiline, selegiline)

AND

- ❖ The initial dose must be administered in a setting where a healthcare provider can measure blood pressure and pulse.
- ❖ In addition for Apokyn, prescriber must submit a written letter of medical necessity stating the reasons Kynmobi and Inbrija are not appropriate for the member.



Carbidopa/Levodopa ODT Generic

- ❖ Approvable for members with a diagnosis of Parkinson's disease (PD) or parkinsonism who are unable to swallow solid oral dosage formulations of medication.

Gocovri

- ❖ Approvable for members 18 years of age or older with a diagnosis of dyskinesia associated with Parkinson's disease (PD) who are currently taking levodopa-based therapy and have tried a maximum tolerated dose of amantadine immediate-release (up to 400 mg/day) and are still experiencing dyskinesia.

Inbrija

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease (PD) who are currently taking levodopa/carbidopa-based therapy and are experiencing OFF episodes despite prescriber attempts to adjust the carbidopa/levodopa dose and/or formulation in order to manage symptoms

AND

- ❖ Member must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least one medication from two of the following classes: dopamine agonists (pramipexole, ropinirole), catechol-o-methyl transferase (COMT) inhibitors (entacapone, tolcapone) and monoamine oxidase B (MAO-B) inhibitors (rasagiline, selegiline) as well as to Kynmobi.

Mirapex ER

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic pramipexole immediate-release tablets, is not appropriate for the member.

Neupro

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease (PD) or moderate to severe restless legs syndrome (RLS) who have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to pramipexole and ropinirole or who are unable to swallow solid oral dosage formulations of medication (tablets/capsules).

Nourianz

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease (PD) who are currently taking levodopa/carbidopa-based therapy and are experiencing a deterioration in response to therapy

AND

- ❖ Member must have experienced an inadequate response, allergies, contraindications, drug-drug interactions or intolerable side effects to at least one preferred medication from two of the following classes: dopamine agonists (pramipexole, ropinirole), catechol-o-methyl transferase (COMT) inhibitors (entacapone) and monoamine oxidase B (MAO-B) inhibitors (selegiline).



Pramipexole ER Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic pramipexole immediate-release tablets, as well as brand Mirapex ER are not appropriate for the member.

Requip XL

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ropinirole immediate-release tablets, is not appropriate for the member.

Ropinirole ER Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic ropinirole immediate-release tablets, as well as brand Requip XL are not appropriate for the member.

Rytary

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic carbidopa/levodopa ER/SR, is not appropriate for the member.

Tolcapone

- ❖ For members 18 years of age or older with a diagnosis of Parkinson's disease (PD) who are currently taking levodopa/carbidopa-based therapy and are experiencing a deterioration in response to therapy, prescriber must submit a written letter of medical necessity stating the reasons all other adjunct therapies are not appropriate for the member.

Xadago

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease (PD) who are currently taking levodopa/carbidopa-based therapy and are experiencing a deterioration in response to therapy

AND

- ❖ Member must have experienced an inadequate response with selegiline or rasagiline and entacapone- or tolcapone based therapy or who have experienced allergies, contraindications, drug-drug interactions or intolerable side effects to selegiline, rasagiline, entacapone and tolcapone.

Zelapar

- ❖ Approvable for members 18 years of age or older with a diagnosis of Parkinson's disease who are currently taking levodopa/carbidopa-based therapy and are experiencing a deterioration in response to therapy

AND

- ❖ Member must be unable to swallow solid oral dosage formulations of medication (tablets/capsules). Otherwise, prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic selegiline, is not appropriate for the member.



EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.